

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004057

FILED
Sep 07, 2006
Secretary of State

Entity Name: Y.E.S. OF SOUTH FLORIDA , INC

Current Principal Place of Business:

11000 SW 172ND TERR
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11000 SW 172ND TERR
MIAMI, FL 33157

New Mailing Address:

FEI Number: 56-2350719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWEN-MCDUFFEY, TONI L
11000 SW 172ND TERR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWEN-MCDUFFEY, TONI L
Address: 11014 SW 158TH TERR
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: BOWEN-MCDUFFEY, TONI
Address: 11000 SW 172ND TERR
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: BOWEN-MCDUFFEY, TONI L
Address: 11014 SW 158TH TERR
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: BOWEN-MCDUFFEY, TONI
Address: 11000 SW 172ND TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI BOWEN-MCDUFFEY

PRES

09/07/2006

Electronic Signature of Signing Officer or Director

Date